REMITTANCE ADVICE



PAYEE:

VIAMED LTD 15 STATION ROAD CROSS HILLS

KEIGHLEY BD20 7DT Uni Hospital Southampton NHS FT NHS Shared Business Services Phoenix House Topcliffe Lane Tingley Wakefield West Yorkshire

PAYER:

WF3 1WE

EMAIL:

Payment Reference Number: 9390423418

Payment Date: 17-AUG-2017

All queries must quote the NHS payer name

TELEPHONE: 0303 123 1177 Option 2

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SBS-W.Payables@nhs.net

INVOICE DATE	INVOICE NUMBER	PURCHASE ORDER NUMBER OR INVOICE HEADER DESCRIPTION	AMOUNT PAID
21-JUL-17	IN151899		460.80

Amount Paid to account 20-78-42 ****6662 by BACS/Transfer

460.80